

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (111036)

Address: 121 2ND ST, LODI, WI 53555

License Status: REGULAR

Licensed/Certified/Registered 02/28/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094933 **End Date:** 05/25/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 05/26/2005

Date Investigation Completed: 05/25/2005

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

NOT RECORDED

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